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ABSTRACT

The author describes strategies and models (individualized instruction, diagnostic and prescriptive teaching, and behavior modification) which she suggests could result in improved special education services for exceptional children, especially Black and poor students. (CL)

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THE IMPROVEMENT OF SPECIAL EDUCATION: An Abstract

The paper presents strategies and intervention models which could result in special education pupils fulfilling ultimate life goals and integrating cognitive, emotional and behavioral learnings. The paper is devoted to a description of strategies and models which the writer believes will improve special education for exceptional children, especially the black and the poor, and help to make them the best persons they can possibly become. Such strategies include: individualization of instruction, diagnostic and prescriptive teaching and behavior modification.

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THE IMPROVEMENT OF SPECIAL EDUCATION

A paper presented at the

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THE IMPROVEMENT OF SPECIAL EDUCATION

It is a truism that special education is in a state of ferment. Parents, educators, state officials and even federal officials are pointing out the inadequacies of current education programs for handicapped children. Jones and MacMillan (1974) acknowledge that dissatisfaction has been brewing for some time, but that the recent thrust for equal educational opportunity, the great concern with civil liberties and civil rights and the vocal demands of minority groups have lent an urgency to the discontent.

At least part of the discontent is due to the philosophy and teaching practices employed by special educators. Dunn (1968) indicates that a better education than special class placement is needed for socioculturally deprived children with mild learning problems who have been labeled mentally retarded.

A perusal of the literature reveals that there has long been discontent with general education as well as special education. For example, Horne (1932) explains that Dewey espoused the idea that education ought to result in a broader community of interest and greater individualization. Horne (1932) explains that Dewey felt that stratification of classes would be fatal to a democracy. (It is this writer's opinion that one of the main difficulties with special education is its stratification). Horne (1932) explains further that Dewey felt that intellectual opportunities must be kept accessible to all on equable and easy terms. As a special educator--this writer would "Amen" Horne and Dewey on this point! Jones (1971) suggests that the educational system has particularly failed in its responsibilities to black Americans. Dewey (1938), himself, expressed discontent with the schools of his time by saying that conservatives as well as radicals in education are profoundly discontented with the present situation taken as a whole.

Special class placement ought to increase what Beck (1974) calls the effectiveness of learning; and this effectiveness ought to be put to good use in

terms of achieving what Beck (1974) calls ultimate life goals. This writer would utilize Beck's ultimate life goals theory and several other methodologies to improve special education for handicapped pupils. Ultimate life goals such as happiness, freedom, fulfillment, health, survival, fellowship, self-respect and wisdom are particularly important for handicapped children--even though such goals vary in their ultimacy.

Wisdom is a particularly valuable goal for children in special education. In fact, the development of wisdom is the first object of education. School is a place where people go to become the best persons they can possibly become. The achieving of ultimate life goals, including wisdom, is a crucial aspect of this "best person" concept which is so acutely important in the education of handicapped pupils.

Beck (1974) goes farther than calling just for "learning" on the part of the schools. He says that we may distinguish three broad classes of learning: emotional learning, cognitive learning and behavioral learning. All three learnings are crucially important to special education pupils. Their handicapping conditions make emotional learning and behavioral learnings high priorities in their educational situation. But with special education pupils (as with others) none of these learnings are acquired in isolation. For example, Beck (1974) says that a study of the contextual features of emotion quickly reveals the important role that cognitive learning plays in emotional learning. Beck (1974) says also that behavioral learning is heavily dependent upon cognitive learning. Kahn (1976) points out that in recent years researchers have indicated a substantial relationship between an individual's level of cognitive functioning as measured by Piagetian tasks and his level of moral reasoning.

The writer has searched the literature to find strategies and intervention models which could result in special education pupils fulfilling ultimate

life goals and integrating cognitive, emotional and behavioral learnings.

As a black special educator, this writer is particularly interested in strategies which will be helpful to Blacks. The writer concurs with Jones (1971) that special education black clientele has been labeled delinquent and retarded, thus helping the general education enterprise to avoid some of the responsibility for its failure to adapt to individual and collective needs.

The remainder of this paper is devoted to a description of strategies and models which the writer believes will improve special education for handicapped children--particularly the black and the poor.

INDIVIDUALIZATION IS THE KEY

There is a common thread which runs through the best special education intervention models. That thread is Individualization! Beck (1974) gives an excellent definition of individualized learning. He says that learning may be described as "individualized" when there is abundant provision for the individual to have his own configuration of learning contexts (courses, activities, and so on) and within those contexts, his own set of learning experiences. In its fullest sense, "individualization" provides for distinctiveness in both the means and the ends of learning (Beck 1974).

The writer has chosen two intervention models which feature the individualized approach and which may help children reach their ultimate life goals. These models are: Diagnostic/Prescriptive Teaching and Behavior Modification. It is the writer's belief that the utilization of diagnostic and prescriptive teaching along with behavior modification techniques will enhance emotional learning, cognitive learning and behavioral learning.

DIAGNOSTIC/PRESCRIPTIVE TEACHING IS A HELPFUL STRATEGY

Let's look first at Diagnostic/Prescriptive Teaching as an intervention model. Educators using this model do not deny a neurological deficit (acquired, genetic, or otherwise), but neither do they depend upon a neurological

determination. Kirk and Kirk (1971) say that a major emphasis is on the use of psychological tests and/or observations for the purpose of organizing a remedial education program.

The diagnostic model assumes that intervention begins the minute we sit down with the child to try to help (Yater, 1976). The model consists of observations of the child's behavior. Bryan and Bryan (1975) and Yater (1976) indicate that varied observations are important in diagnosis. These observations are both formal and informal and contain data from any and every source. They include records, reports, interviews, checklists, and rating scales. During the observation phase of diagnostic/prescriptive teaching, we move from the informal to the formal and we structure so as to make our work more objective and screen out our biases. Observations lead to the formation of a data pool. This data is then examined and organized in terms of the child's strengths and weaknesses. At this point, "hunches" can be formulated and thence to the formation of the hypothesis (Yater, 1976). This leads to a diagnostic statement which ultimately leads to treatment. Kirk and Kirk (1971) say that in a sense the diagnostic hypothesis is one of the most important factors in diagnosis, because the organization of the treatment program depends upon the diagnostic hypothesis.

It is Yater's view that the treatment stresses the individualized approach and contains the following components: needs, activities, behaviorally stated objectives and terminal goals. Task analysis is an integral part of this model. The activity portion of the treatment, in this particular model, can aptly be termed the prescription.

The diagnostic model leads to diagnostic/prescriptive teaching which is advocated by Kauffman and Hallahan (1974) and Yater (1976). Kauffman and Hallahan say that diagnostic/prescriptive teaching is a medical type model which has much to offer special education. Bateman (1965) also credits the

medical concept with leading to treatment.

Ysseldyke and Salvia (1974) describe two models of diagnostic/prescriptive teaching. They define diagnostic/prescriptive teaching as an attempt to identify the most effective instructional strategies for children who differ on any number of variables believed to be related to academic learning. The assumptions underlying diagnostic/prescriptive teaching are met differently depending on how educators view what it is they assess.

Ysseldyke and Salvia (1974) indicate that the ability-training approach to diagnostic/prescriptive teaching is advocated by Kirk, Bateman, Frostig, Johnson and Myklebust, and McCarthy. Kirk and Bateman (1962) express their preference for this approach as far back as 1962. The primary purpose of diagnosis in the ability-training approach is to identify ability strengths and weaknesses in order to prescribe remediation for the abilities (or processes) themselves. The primary concern is the identification of perceptual and/or psycholinguistic abilities or processes which are presumed to cause inadequate skill development. Bear in mind that there are approaches within approaches. Bateman advocates a linguistic approach. Hence, we come up with Bateman advocating the diagnostic/prescriptive approach, featuring the ability-training model with a linguistic based approach.

Bateman (1965) discusses the concept that diagnosis is for the purpose of planning what to do for a given child and the systematic exploration of correlated factors and educational prescriptions. She says that a heavy debt is owed to Kirk, Bryant, Gallagher, McCarthy, Kephart, Frostig, Horne, de Hirsch, Bender, Kleffner, Strauss, Lehtinen, Myklebust, Orton, Rabinovitich, Kastein, Freidus and Dozier for the ultimate conceptualization of the educational prescription as a remedial tool.

The adherents of ability-training observe inter and intra individual

difference and also attempt to identify the processes or abilities which cause differences. Differential psychoeducational evaluation is used to identify strengths and weaknesses in perceptual, cognitive, psycholinguistic and/or psychomotor abilities. They say that the development of these abilities is necessary to attain academic skills.

Ysseldyke and Salvia (1974) say that there is no emperical support for the contention that perceptual, psycholinguistic or motoric training or remediation is a necessary prerequisite to the attainment of academic skills. They cite studies by Cohen, 1969, Bijou, 1970, and Gold, 1968 which demonstrate that skills can be taught without the additional step of process or ability remediation.

Lester Mann, 1971, writing for Jones and MacMillan (1974) attempts to make a case against ability assessment and training and says that we ought to concern ourselves with products (achievements) rather than processes (abilities).

Kirk and Kirk (1971) cite research concerning the Illinois Test of Psycholinguistic Abilities, which is one of the mainstays of the ability-training model within the diagnostic/prescriptive teaching approach. The Kirks report that Corrine Kass, 1966 found a relationship between difficulty in learning to read and performance on tests at the automatic level, including tests of perceptual speed, closure and visual memory. They also cite studies by Macione, 1969; Ragland, 1964; and McLeod, 1965 indicating that the deficits as tested by the ITPA are primarily at the automatic level for children with reading disabilities. The Kirks (1971) conclude by saying that remediation of children's disabilities found by the ITPA presents encouraging results. They say that idiographic as well as nomothetic research in this area point to the conclusion that different disabilities identified by the ITPA can be ameliorated through systematic remedial programs.

Another model within the diagnostic/prescriptive approach is the <u>task</u>

analysis viewpoint which is espoused by Bijou, Cohen, Gold, and Mann. They advocate assessment of academic skill development and instruction tailored to move the child from where he is to where we desire him to be. The emphasis is on component skills rather than the training of test identified "processes" that presumably underlie (cause) skill development. Diagnostic/prescriptive teaching within the task analytic model requires assessment of observable skills and behaviors. This is the model described by Lerner (1971). According to Lerner (1971), several curriculum plans are purported to be built on a behavioral approach to task analysis--including work by Valett and Engelmann.

BEHAVIOR MODIFICATION IS A HELPFUL STRATEGY

Behavior Modification, as described by Hammill and Bartel (1975), is a systematic highly structured approach to altering behavior. Behavior Modification has its roots with the behavioral learning theorists: Thorndike, Pavlov, Watson, and Jones. Ayllan and Ferster and Skinner expanded and refined the theory and popularized its clinical use. Clinical experimentation with individual children and adults brought this approach into the foreground in the 1960 s with the renewed interest in the interaction between man and his environment.

Bryan and Bryan (1975) and Lerner (1971) credit Skinner with being a pioneer in behavior modification. They say that Skinner argued that behavior is controlled through the appropriate use of rewards. The Bryans say further that the implications for such a systematic approach are profound for the remediation of learning problems. Lerner (1971), Hammill and Bartel (1975) include the use of positive reinforcement and extinction as facets of the behavior modification approach. Behavior modification procedures require the investigator to: (1) carefully observe and tabulate the occurrence of the

events that precede the behavior which needs changing; and (2) manipulate those events to effect a desired behavioral change.

It is basic in this approach that the teacher determine and state, specific goals in terms of observable behavioral changes. We should attempt to reinforce those behaviors we want learned and extinguish those we find undesirable. We should use schedules of reinforcement to maintain the highest and most consistent roles of educational behavior.

Jones and MacMillan argue for social reinforcers for mildly learning disordered children. However, Bryan and Bryan (1975) argue for token reinforcement programs. They contend that the superiority of the token economy over other systems is considerable. The Bryans assert that the effects of token economy programs have been positive in controlling aversive behavior and in improving academic performances. They say further, that there is every reason to be optimistic regarding remediation efforts which are based upon principles of behavior modification, at least those using token economies.

A token system was successfully used by Baker, Stanesh and Fraser, 1972. Successful studies were done by Birnbauer and Lawler, 1964. These studies conclude that a token system has much to recommend it from a practical standpoint. However, the goal in behavior modification is to shift from the use of arbitrary reinforcers to the use of social and other events which are natural to the child's environment.

Hammill and Bartel (1975), Bryan and Bryan (1975) present research reports of studies done which support the efficacy of the token economy as a teaching approach. They report that studies showing that the token economy behavior modification strategy is effective, have been done by Wadsworth, 1971; Glavin, Quay and Werry, 1971; O'Leary and Becker, 1967; Allen, Turner and Everett, 1970; McKenzie, Clark, Wolf, Kothera and Benson, 1968; O'Leary and Drabman, 1971 and Kazdin and Bootzin, 1972.

Lerner (1971) says that a few studies using the behavior-modification approach to teach children with learning deficits have been reported and that they indicate that the technique was successful in modifying the behavior of children with learning deficits and contributed to their academic learning. Lerner cites these studies as having been done by Lovitt, 1967; Lovitt and others, 1968; and Haring and Hauck, 1969.

Jones (1971) emphasizes that new roles, obviously, will be required. Child development specialists who have been trained in ways of managing the child's milieu, and in the techniques of causal teaching, psychoeducational assessment, and life space interviewing will be essential. Prescriptive teachers with competency in criterion-referenced assessment, the specification of behavioral objectives, and programmed learning will also be required.

The intervention methods this writer has chosen involve many of the basic principles of remediation elucidated by Johnson and Myklebust (1967). These include (but are not limited to): individualizing the problem, teaching to the level of involvement, teaching to the type of involvement, teaching according to readiness, input precedes output and teaching to the tolerance levels.

Not all the ills of special education can be cured by the theories and strategies espoused in this paper. However, our continued reaching out for growth, for research and for knowledge will serve to invalidate at least a measure of the criticism of special education--and even more importantly--we will help our handicapped children to become the best people they can possibly become. School ought to be a place where people go to become the best persons they can possibly become. This is what we want for all special education pupils.

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